

Testimony for the Appropriations Committee

Governor's proposed budget H.B. No. 5037 (COMM) AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023

February 24, 2022

My name is Janice Favreau and I am from South Windsor. I am testifying on the Governor's proposed budget H.B. No. 5037 (COMM) AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023 that unfortunately does not include critical funding for our safety net providers and their employees.

After decades of underfunding, Connecticut's direct support providers are in crisis mode because the effects of the pandemic have impacted their ability to attract and retain direct care workers and other employees. **This staff is critically important to the safety and well-being of Connecticut's residents with Intellectual and Developmental Disabilities (IDD), including my son. Let me reemphasize that again – we are talking about safety of the residents in nonprofit group homes.** Staffing shortages **have reached a critical shortage.** Primarily due to the lack of equity in wages, staff are leaving nonprofit agencies for more lucrative wages in other employment. But the loss of these experienced workers is what is adding to the safety issues. A constant rotation of new staff or use of "per diem" staff means the residents are not getting continuity in their care, this often leads to injury both for the resident and the staff. Why? Because workers can leave this type work and find any number of jobs with less stress, less responsibility and better working conditions. **Yet, our family members need care!** While Nursing Homes get all the publicity, Group Homes are ALWAYS treated like the "poor red-headed step children". Always getting just crumbs to get by. This is NOT sustainable. This industry, has been providing personal care for loved ones for decades all while struggling with getting the appropriate and proper funding that is needed. Again, while this was becoming unsustainable all along – it has now reached a breaking point and then what!? Will the state assume care for all this individuals? Parents like me and my husband are not in the physical condition to care for our son – so who is going to do it? We are coming to a breaking point in this service for our loved ones. **Our family members, although disabled ARE important. We their parents and/or family are important.**

We take our son home every week all day on Sunday, overnight on holidays, and on many family/community outings. But it is getting to the point, that we may no longer be able to do so.

I was diagnosed with Stage 3, Type II, Uterine Cancer. I finished my first round of treatment, but it can come back at any time with the results being deadly.

While being treated for cancer, I was hit by a car as I was riding a bike to combat the effects of chemotherapy and suffered serious leg injuries requiring major rehab. We don't know when my cancer will return, and my husband has been identified with a heart condition. We are all getting older, and my son's care is extensive and a lot. We need help.

As the pandemic has continued for over two years, my son has become more and more isolated in his Community Living Arrangement (CLA). Not only because of pandemic restrictions, but also because there has been an increasing shortage of direct care workers to take him to important medical appointments, his Day Services events, his Special Olympics training, his church services. My son, Christopher Favreau, has been a resident of an Oak Hill Group home in Vernon for 23 years. At first as an agency, Oak Hill was considered the "gold standard" for private nonprofit group home agencies. That is no longer the case. The lack of funding has caused Oak Hill to let their buildings run down, inside and out. The lack of funding has restricted the residents to what activities they can participate in, belying what the definition of "community living arrangement" means. If it were not for my husband and I, (both of us senior citizens and I remission from cancer) to take Christopher to many of his appointments and events, he would have lost receiving important medical services as well as his ability to participate in the community – just as any other Connecticut citizen has the right to do.

It is of CRITICAL importance that the \$150 million for the state's nonprofit providers be included in the budget. HOWEVER, as a parent who has watched the administration of Oak Hill change over the years, along with its level of commitment to its group home residents, I would ask that any allocation to the nonprofit be tied to accountability for the money. As the largest provider, Oak Hill, seemingly "controls the narrative" with its licensing agency – the Department of Developmental Disabilities. As such it "marches to its own drummer". As the guardian of one of their clients, I am deeply concerned that the state monies that are allocated – **where the need is greatest – to the direct care workers.** Those workers are low paid – yet are providing important – life care – to the residents of these homes – to my son Christopher.

I ask, I beg and I have begged for years and years that my son's workers be paid at market rate – the rate that their colleagues in the state-run facilities earn. Why shouldn't they? We have lost so many staff to the state – why? Because the wages and benefits are supremely better, the stress is less, the workers don't have to work multiple jobs to pay their bills and they enjoy much better benefits.

The time is long overdue to provide the funding that the nonprofits need to pay these workers for their value and to ensure the residents they care for are on the receiving end of the good care they deserve.

**Not only should funding of \$150 million dollars be allocated to the state budget now
- I also ask - please make sure that oversight is maintained by the state to ensure
that allocation is given to the folks who work the hardest - the direct care worker.**

Thank you for your time and attention.

Respectfully submitted,

Janice Favreau

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